

Tribal Consultation Town Hall
June 4, 2002
SeaTac Holiday Inn

The Medical Assistance Administration met with tribal health representatives from around the state to present the proposals involved in the amended Medicaid and SCHIP Reform waiver plan. Although the format of the discussion was somewhat similar to Town Hall meetings elsewhere around the state, the tribal representatives used much of the session to ask questions about the specific effect of different proposals on the tribal health system.

The state representatives included Ree Sailors, the Governor's Health Policy Advisor, MAA Assistant Secretary Doug Porter, and Roger Gantz, Director of the MAA Policy and Analysis Division.. Sailors noted that the waiver represents an alternative to "what I call the 'meat-axe approach'." She added, "I would rather leave some hope for people and to leave the people who are plugged in plugged in, rather than just cut people off assistance. The waiver will give us a different set of management tools than we have now and help prevent this."

Rick Arnold, the MAA American Indian/Alaska Native Liaison, facilitated the consultation.

The tribal representatives caucused privately for a period after the initial presentation and questions. They returned to open session by suggesting that the finalized waiver document (expected to be drafted in late June) should be presented again to one or more tribal meetings, this time involving tribal health leadership in the process.

Because the waiver outline calls for the state to request an exemption to premium and co-pay requirements for American Indian and Alaska native populations, much of the tribal concern focused on the idea of an enrollment freeze and how it would impact Indian health systems.

These are the comments by tribal representatives after the caucus:

- ▶ "As we talked about the presentation made earlier at the Health Commission...true consultation would be at this tribal leader level, not program level."
- ▶ "Because the proposal that is going around the state now is not the final waiver proposal that is being submitted to CMS, we would request that there be another presentation of that final set of proposals at that point."
- ▶ "I think that one of the things needed for us to provide a response from the policy level, we would need some general information from the state in terms of what you're looking at....We are clear as to the waiver being one tool, one way, but it's not everything that may happen..."
- ▶ "The other thing that we sort of came to some consensus over, was that we would like you -- once you are starting to finalize the final waiver -- then have that presented, perhaps to the (Indian Policy Advisory Committee) meeting on July 11 or for another meeting at the end of July....In the meantime, we can be working at home informing other tribes who are not here today and spreading the information and to give those tribes opportunities to get the same information and submit written comments as well."

► “One of the problems for the tribes is that if YOU don’t know the impact, how can the tribes say this is good or bad? I’m thinking of the enrollment freeze, without knowing what the priorities might be, who the groups would be, there’s got to be some way to define those things....The tribes can tell everybody not to panic, but...And then knowing that there’s going to be legislative involvement, and that’s another whole step to go through....”

► “One possibility is to have part of that to include facilities...exempt both Indian individuals as well as facilities from the waiver. Is this possible?”

Questions and comments from the earlier discussion:

► “I just want to make clear, and be sure I’m right about this, that you’ve said for the Indian population, they would be exempt from the co-pays and the premiums...I ask that because I know that in our experience when we talked about some of the casino employees participating in the cost of health care, a number of employees at the casino said they would refuse to pay....”

► “I think that relates to the perception...in Indian country that they should not have to pay anything for health care...It’s an entitlement...But as it’s being proposed here, what I’m hearing that the state is proposing to exempt Indians ...and so the support of the tribes and communication with CMS at the federal level, it would behoove us to support the waiver...it’s critical for us to understand what the state is proposing, because then we can support it at the federal level.”

► “Regarding the level of premiums, I don’t know how others feel about it, but I would think you would want to make it worthwhile, because the premium represents some administrative burden, too.”

► “I feel personally that the freeze is where the waiver would impact us the most.... Individuals will no longer be free to go on the program...we do have lots of folks who go off and on, contingent on their income status...”

► “But that third category, which is the freeze....if those individuals are not able to get on the state program...then that’s when we will be required to cover those numbers for the care that they need....because they’re still going to get the care that they need...but with our contract help dollars.”

► “Tribes can assist in helping get as much federal dollars into the state...that’s in general, from my perception...It would benefit our program, but it’s not the same across the country...from talking to individual policy people at CMS....”

► “One of the biggest impacts of the enrollment freeze on tribes is that some of the tribes are small and if the person’s on Medicaid, that’s great. But with the freeze, there will be some people who won’t be able to get on it...If they were just in a car accident....then it’s much more expensive for the tribe...”

► “One of our problems is not just the freeze, but the waiting lists it would generate...I think the waiting list is going to kill us....Like she said, we could have our whole budget wiped out with a single car accident.”

- ▶ “Would you consider having an exemption for the freeze...for native Americans?”
- ▶ “On this matter of giving the hospitals the option to treat a non-emergency person...I am so totally opposed to that, because we have many unmet needs at the hospital, we’ve had people who died...Quite frankly, they’re quite prejudiced against our people...That kind of language is in these laws, let them send people away....”
- ▶ “I just know how hard it is for a lot of people to come up with five or 10 bucks...”
- ▶ “I don’t think ...emergency rooms at hospitals should have a co-pay. Doctors are not accepting any new Medicaid patients, that’s the problem...Even if it could be handled at the doctor’s office, there’s none available...It’s worse in rural areas.”
- ▶ “Some of our people have insurance at work, or they have some other coverage, not just Tribal Health, and they still get turned away. It’s not that they don’t have coverage, it’s what they look like. I watched this happen with my own son.”
- ▶ “I have to be honest with you. Tribes are being faced with exactly the same problems you have. Tribal members are living longer, and we’re facing the same pharmaceutical costs....so the health service dollar we get is funded at 50 percent of what the need is...A lot of times in the general population there is a misperception that Indian health care is taking care of 100 percent by federal dollars....not true. Those are the same things we’re facing, so we’re using the offset of the state-funded programs just as you’re looking at other sources for funds.”
- ▶ “The slide that had a number of other states using co-payments on drugs, I’m wondering exactly what those states have done....and have they worked...?”
- ▶ “You mentioned identifying problems -- for example, high costs...and trying to address cost-sharing there....We have people who use the emergency room inappropriately,...and so I’m wondering if there are think tanks trying to figure out how to address those issues....When you consider family planning and the long-term consequences, it makes sense to leave the money there....”
- ▶ “I want to ask about possible curtailment of optional services – I seem to remember that the first time around, some of the programs we see here could be in jeopardy. Is it still the situation so that something like vision or dental could just be cut, just like that?”
- ▶ “The effect on tribal programs would be enormous because we would have to pick up these programs...and you’re talking about 100 percent FMAP, because it doesn’t have anything to do with state spending...”
- ▶ “The benefit changes would have an impact on us even though there is no (state) funding, because the the funding is 100 percent federal...The catch is that if you change that benefit, then the tribes won’t be able to claim it...It has to be a covered benefit under Medicaid for the tribe to cover it with federal dollars.”
- ▶ “I think it’s important to realize you can have all the conversations you want with CMS but they are not the last word in terms of providing medical coupons. We are located in King County,

where we have lots of people showing up because we have more services...They also tend to have no money...so if you're going to be negotiating a waiver with CMS, it needs to have a commitment that CMS and the Department of Education and the BIA and others will support those programs They have no interagency agreement between themselves...they have no intention of allowing the state and the tribe of negotiating their own agreement....we're dealing with that right now with the infant children program and with OSPI....We can't have a waiting list and if you try to put one, the whole program is out."

► "If we have an enrollment freeze, we are basically saying that people who are otherwise eligible for Medicaid, they are not."